

Tennessee Department of Safety 1150 Foster Ave Fiscal Division – Cashier's Office Nashville, Tennessee 37219

FORM A-1 EXEMPT REGISTRATION UNIFORM APPLICATION FOR EXEMPT REGISTRATION OF INTERSTATE MOTOR CARRIERS EXEMPTED FROM FMCSA REGULATION

	Total # of vehicles	
	@ \$8.00 per vehicle	\$
	Total Amount Due	\$
FEIN/SSN:	USDOT #:	
Company Name:		
D/B/A (if applicable):		
Physical Address:		
City:	State: Zip C	Code:
Mailing Address:		
City:	State: Zip C	ode:
Phone #: ()	State: Zip C	
Carrier Type: () Indi	vidual () Partnership () Corporation (Title:) LLC
Officer/Owners Name:	Title:	
Name of Insurance Co:	recentative	
Talanta # 61	resentative:	
Telephone # of Insurance	ee Co:	
Fax # of Insurance Co:		
E-mail Address:		
() Applicant will "NOT" () Applicant will haul Haccordance with Title () Public Liability	Indes Hazardous Waste): (Check One) I haul Hazardous Materials in any quantity azardous Materials that require the following limits in 49 CRR 387: (check one) I haul and Property Damage Insurance of \$1 million and Property Damage Insurance of \$5 million	
Tennessee Process Agent m	ust be on a BOC-3 Form or letter from Tennessee	residence
Tennessee Process Agent: _		
Address:		
City:	: STATE:Zip Code	2:

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	ertify that the above information is true and correct and that I have a comment on behalf of the applicant. Penalty provisions subject to the laws of
Name (Printed):	Title:
Signauture:	
Date:	Phone ()
PLEASE RETURN THIS COM	PLETED APPLICATION TO: Tennessee Department of Safety 1150 Foster Ave – Fiscal Division Cashiers Office Nashville, Tennessee 37210
TF	ERE IS NO FEE FOR REGISTRATION

Should you have any questions please contact this office at 615/687-2285 or fax to 615/253-2283